

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/402446

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51								
2		/		/			52								
3		/		/			53								
4		/		/			54								
5		/		/			55								
6		/		/			56								
7		/		/			57								
8		/		/			58								
9		/		/			59								
10		/		/			60								
11		/		/			61								
12		/		/			62								
13		/		/			63								
14		/		/			64								
15		/		/			65								
16	/		/				66								
17		/		/			67								
18		/		/			68								
19		/		/			69								
20		/		/			70								
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23							73								
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39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	20		20				TOTAL IND.								
TOTAL DEP.	20		20				TOTAL DEP.								
TOTAL CLAIMS	40		40				TOTAL CLAIMS								